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**FAX TRANSMISSION****DATE:** October 28, 2004**PTO IDENTIFIER:** Application Number 10/024955-Conf. #8377  
Patent Number**Inventor:** Wayne R. THOMAS et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Jeanne M. DiGiorgio

**PHONE:** (617) 227-7400**Attorney Dkt. #:** IMI-032CP2DV**PAGES (Including Cover Sheet):** 8**CONTENTS:**Certificate of Transmission under 37 CFR 1.8 (1 page);  
Amendment Transmittal (1 page in duplicate); and  
Amendment and Response to Final Office Action (5 pages).

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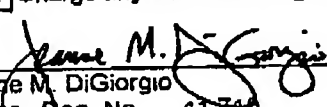
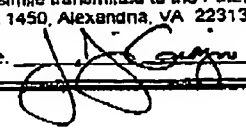
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. IMI-032CP2DV	
Application No. 10/024955-Conf. #8377		Filing Date December 19, 2001		Examiner Patricia A. Duffy	
Art Unit 1645					
Applicant(s): Wayne R THOMAS et al.					
Invention: A HOUSE DUST MITE ALLERGEN, DER F VII, AND USES THEREFOR					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="float: right;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jeanne M. DiGiorgio Attorney Reg. No. 41,740  LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>October 28, 2004</u>	
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<b>Independent Claims</b>	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
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From-LAHIVE & COCKFIELD, LLP

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Docket No.: IMI-032CP2DV  
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Dated: October 28, 2004

Signature: 

(Joanna M. DiGiorgio)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of: Thomas et al.

Serial No.: 10/024955

Filed: December 19, 2001

For: *A HOUSE DUST MITE ALLERGEN, DER F VII,  
AND USES THEREFOR*

Attorney Docket No.: IMI-032CP2DV

Group Art Unit: 1645

Examiner: Patricia A. Duffy

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION  
PURSUANT TO 37 C.F.R. §1.116**

Dear Sir:

This communication is in response to the Final Office Action dated August 11, 2004. Please amend the above identified application as follows.

Amendments to the claims are reflected in the listing of claims which begins at page 2 of this communication.

Remarks/Arguments begin at page 3 of this communication.